

THE  
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

SATURDAY, MAY 16, 1885.

Original.

CHRONIC SUPPURATION OF THE LEFT  
MIDDLE EAR.\*

Mastoid Periostitis; Consecutive Inflammation in  
Right Middle Ear; Reflex or Sympa-  
thetic Ear Disease.

BY J. MORRISON RAY, M. D.

Lecturer on Diseases of the Eye and Ear, Spring Course,  
University of Louisville.

J. B., aged twenty, was referred to me by Prof. W. O. Roberts, January 10, 1885. She gave the following history: Has been subject to attacks of earache since childhood; eighteen months ago a discharge from the left ear was noticed. This has been treated without success since its first appearance. During the summer, after a trip down the river at night, the discharge stopped, and after a few days intense pain, swelling, and tenderness appeared over the mastoid region.

The patient consulted an aural surgeon, who incised the swelling and let out quite an accumulation of pus. The incision healed, the discharge from the ear was re-established, and she was in usual health until a week ago, when the discharge again stopped, and was, as before, followed by pain and swelling over the mastoid.

At the present time the pain seems to be most severe in the vertex. On pressure the entire left side of the head is found to be very tender. The skin over the mastoid is intensely red, swollen, and pits on pressure. The watch is heard only on contact with the auricle. With the tuning-fork the sound is much more distinct if the fork be pressed on the mastoid than when the vibrations are passed through the air.

On inspection it is found that the lower and back part of the drum membrane is absent, fully exposing the cavity of the mid-

\* Read before the Medical Society of Louisville, Feb. 26, 1885.

VOL. XIX.—No. 20.

dle ear, the promontory being plainly visible. The ear is perfectly free from discharge, and when inflated by means of Politzer's air-bag no pus bubbles through the perforated drum. She was ordered to have three leeches placed over the mastoid, and when they should fall off that the bleeding be encouraged for half an hour, when flaxseed poultices were to be kept constantly applied, and changed so soon as they should cool.

There being a slight increase of temperature and a furred tongue, five grains of calomel were ordered to be taken at night, followed by a saline in the morning if needed.

The patient returned on the following day, saying that she had been unable to procure the leeches. The mastoid was still swollen, and she complained of pain and loss of hearing in the other ear. The deafness, she said, had come on during the night. I noticed now upon this side, also, redness and tenderness over the mastoid prominence. The watch was heard only when in contact with the auricle. On inspection the drum-head was found to be intensely red, the blood-vessels forming a dense pannus radiating from the tip of the malleus process. After inflation with the Politzer air-bag the hearing distance for the watch increased to ten inches.

She was ordered to procure the leeches at once and apply them to the left mastoid, after which poultices were to be put to both of the mastoid regions. The ears were also to be syringed every few hours with water as hot as could be borne.

January 13th. The patient feels much better, and says that the hot water and poultice gave her complete relief from pain.

January 15th. The patient is still better, but the vertex and mastoid regions are very tender on pressure.

January 17th. The tenderness over the vertex is better, but over the mastoid pro-

cess and its attached muscles there is still tenderness. A fly blister applied over the mastoid relieved the tenderness and on the 20th considerable pressure could be made without giving pain. The inflammation of the right drum-head had undergone resolution, and after inflation the hearing distance in the right ear was eighteen inches; in the left, seven inches. The watch used should be heard at a distance of forty-eight inches. There were also signs of a return of the discharge in the left ear, and boric acid in powder was blown into it.

January 25th. All the tenderness had disappeared. The discharge had stopped, and the patient's hearing distance was ten inches in the left ear and twenty-eight inches in the right after inflation.

One of my objects in reporting this case is to show how mastoid periostitis may be successfully treated by local depletion and hot applications rather than by early free incisions into the parts (Wilde's incision) as recommended by some. In conjunction with Dr. Tansley, assistant surgeon to the Manhattan Eye and Ear Hospital, I treated a series of cases that were seen early in the disease in the manner I have described, and in not one of them was there any formation of pus whatever. If, however, the case is not seen until distinct fluctuation is manifest, the indications are to make an incision and let out the confined pus. But if it be seen before pus has formed, treatment according to the directions given will prevent suppuration.

Cases similar to the one reported are frequently seen in children, and in such subjects may be puzzling to the surgeon. I have seen the swelling often appear at a point above and behind the auricle, extending as far up as the temporal ridge, while the surface of the mastoid was perfectly healthy.

The appearance of the swelling over the mastoid is almost always preceded by a suppuration of the ear. A few cases only of primary mastoidal periostitis have been reported. During a term of service at the Manhattan Eye and Ear Hospital, among the large number of ear cases treated I can remember seeing but two in which the disease was primarily in the mastoid periosteum. Both of these cases occurred in children.

A point of special interest presented by this case is the consecutive inflammation in the right ear, the left being primarily affected. Satisfactory explanation can be given by con-

sidering the inflammation in the right ear as caused by the same conditions which produced inflammation and rupture of the drum-head in the left, namely, naso-pharyngeal catarrh, which was plainly observable in this case.

Reasoning from analogy with the eye in view, the question may be pertinently asked, Can we have a sympathetic otitis? The situation of the ear, the difficulty in studying its pathological condition in disease, and its intimate connection with the throat, must necessarily place in doubt any statement made upon the point in question. The susceptibility of the eye to sympathetic inflammation is well known, and it is a significant fact that the ear is more freely supplied with nerves having the same origin as those which transmit sympathetic influence from one eye to the other. It has but recently been demonstrated that neuralgia, and even inflammation in the ear, may be a reflex expression of disease in other parts of the body. Although Kramer, as long ago as 1838,\* stated that old writers on otology believed that many ear troubles were reflex from disease in other parts, such as worms in the intestinal canal, diseases of the stomach, liver, uterus, and from dentition.

Within the last few years it has been proved that neuralgias of the ear may be produced by the irritation of decayed teeth, and Hilton and Burnett† have reported cases of ulceration of the external auditory canal with perforation of the drum membrane that defied all treatment; yet, when a decayed tooth was removed the ulceration began a reparative process at once. Dr. Roosa, in his recent work gives the history of a case of injury to one ear, with diminution of the hearing power in the other, and asks the question, "Why may not a traumatic inflammation of one ear produce a sympathetic plastic inflammation of its fellow?" Weber, Liel, and Urbantschitsch,‡ have reported cases which, after they had tenotomized the muscles in one ear, showed improvement in the subjective perception of sounds, and also of the hearing distance in the other, which was not treated at all. The latter author also states that undoubtedly sympathy exists between the two external auditory canals, and that he believes the same may exist between the middle ears. Several instances have been reported where improvement of the hearing distance in one ear took place during the treatment of its fellow.

\*Diseases of Ear. 1838.

†American Journal of Otology, Vol. II, No. 4. 1880.

‡Lehrbuch für Ohrenheilkunde. 1880.

Every physician is familiar with the occurrence of cough during manipulation of the external auditory canal, and loud shouts in the ear have been known to cause vomiting, involuntary passage of urine, and to set the teeth on edge;\* a total loss of sight has been noted by Wauscher† to follow middle ear disease, which was restored when the ear trouble was relieved.

In conclusion it may be affirmed that if sympathetic ear troubles can not be positively established through clinical experience, it is certain that peripheral irritation in the ear is the cause of numerous reflex nervous phenomena.

#### MEDICAL PRACTICE IN THE FAR NORTHWEST.

BY J. CLARKE M'GUIRE, M.D.  
*Formerly acting Assistant Surgeon, U. S. Army.*

It is possible that the profession will be more or less interested in hearing something of our great Northwest, from a medical stand-point, especially as newspaper reports are usually far from the truth and very unreliable, being frequently nothing more than the advertisements of interested parties.

As to the climate of Montana and Dakota territories, these advertisements describe it as mild and salubrious; but even the buffalo knows better than this, for he goes south in winter, while domestic cattle often perish by hundreds from the severe cold. The temperature frequently falls to  $-50^{\circ}$  F., and so continues for several days. In summer there is the other extreme,  $114^{\circ}$  F. in the shade. In places the alkali dust is so thick that the ground looks as if it had been covered with snow, and the traveler, in passing through it, looks as if he had been dusted with a box of confetti at the carnival.

In Dakota there are miles of country called the "Bad Lands;" so dead, desolate, and barren are they, that one in beholding it, is forcibly reminded of a telescopic view of a portion of the moon's surface. Though the heat of summer is so intense, for a person to be overcome by the heat is unknown. The sky is so clear that the idea of distances and size of objects is lost—the summits of mountains ten or twelve miles distant seem close at hand. Considering the extreme

heat and cold, the sudden and decided changes of temperature, this part of the world could hardly be recommended as a health resort for the sick.

Though portions of Montana Territory are of high altitude, the air clear and dry, cases of chills and fever are sometimes seen there. This may be explained on the theory of the latency of the malarial poison, the symptoms of malaria not appearing till developed by some exciting cause. Sometimes there is fever ushered in by a distinct chill, the temperature quickly rising to  $103^{\circ}$  or  $104^{\circ}$  F. The fever and gastric symptoms resemble those which are common in remittent fever, while the intestinal and abdominal symptoms are similar to typhoid. The local physicians call it "Mountain Fever," but this seems to be a favorite expression when they are confused as to their diagnosis.

In this high altitude, new-comers, especially females, often suffer from fainting spells, which may be renewed at frequent intervals, for several years. The natives live an active out-door life, and are particularly healthy. Here, as in some of our Eastern States, the country is overrun with so-called doctors of medicine. Some of them are not only non-graduates, but have not even studied the most rudimentary branches of the healing art. These fellows would sew up the wounds inflicted by the teeth and claws of a bear; leave a patient to suffer from an unsupported fracture of the leg, calling the displaced ends of the bone, callous; or treat a venomous snake-bite simply with moist leaves. There are, however, others of undoubtedly ability, graduates of our best colleges, who have drifted to this country from force of circumstances, or have been allured to leave "God's country," to try their fortunes in the "glorious West."

Though the proportion of physicians to the population is not much greater than with us, they are mostly congregated in the small cities. In a village of a thousand inhabitants there may be found six or seven, one to about every one hundred and fifty inhabitants.

A personal experience will very well illustrate the class of people the young M. D. will have to treat in the sparsely populated country and the small trading posts.

While an acting assistant surgeon at a military post in Montana, I was called to go a few miles distant, to see a man who had received a bad compound comminuted fracture of the arm. The bone was com-

\* Kramer, Diseases of Ear, 1838.

† Archives Otology, Vol. XII, Nos. 3 and 4.

pletely shattered and the artery ruptured. When informed that his arm would have to come off, I was rather startled to see him draw a pistol from under his blanket, and remark that he would put a ball through me if I attempted it. Of course, I agreed with him then that, under the circumstances, amputation was not absolutely necessary.

To add to the disappointment of the newcomer, he will find the people as a rule strong and healthy. How do the surgeons contrive to make a living? The majority of them do not succeed, they remain till their money is exhausted, and then drift into other pursuits, or engage to do professional work for their board and passes over railroads. In fact they are so numerous and impecunious as to almost verify the statement, that when a man fell and broke his leg in the street of a small town, they rushed upon him in such numbers that the mayor was compelled to read the riot act.

Should any young physician ask my advice about going to the Northwestern territories, I should most assuredly say, don't. Though the cities in the East seem to be overcrowded, and the proportion of physicians is increasing every year, I believe that he will have a better chance of success here, than in the West. If he who braves the hardships, by chance meets with success, such success amounts to little. Though his fees may be comparatively large, the necessities of life are correspondingly high; it means hardly a living, with no prospect of doing better, for not one town in a hundred grows beyond a few thousand inhabitants.

Not long since, a description of how the doctors do in Texas appeared in the New York Medical Record, from which I quote a passage which may be said to apply in full force to Montana. "There ain't no board of health here, and nobody asks no questions; the only thing, office rent is high, and has to be paid up in advance, as everything else. The doctors are inclined to be offish and unsociable like, but the people is friendly enough. It is because they don't want nobody to come in competition. You can come right along without being afeared of any examining board or license."

LOUISVILLE, KY.

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THE President has appointed Dr. George M. Sternberg, U. S. A., to represent this country at the International Sanitary Conference, to be held in Rome during the present month.

## Miscellany.

KENTUCKY STATE MEDICAL SOCIETY.—The Thirtieth Annual Meeting of the Kentucky State Medical Society will be held at Crab Orchard Springs, Lincoln County, Kentucky, on Wednesday, Thursday, and Friday, June 24, 25, and 26, 1885, commencing on Wednesday, June 24th, at two o'clock P. M.

The indications at present point to a large attendance, and all sections of the State will be represented.

The proceedings will be characterized by exceptionally well-prepared essays upon subjects of general interest to the profession—essays embodying the results of original clinical observation, and experimental investigation in many of the more important departments of medicine and surgery will be presented.

Voluntary papers from all the members are respectfully solicited, and those intending to read papers will please furnish the title to the Secretary by June 15, 1885.

The management of Crab Orchard Springs will entertain members and their families at \$1.50 each per day. The Committee of Arrangements is actively at work, and every thing that will conduce to the pleasure or comfort of the members may be expected.

Committee on Arrangements, Edward Alcorn, M. D., Chairman, Hustonville, Ky.; L. S. McMurtry, M.D., Danville, Ky.; J. Steele Bailey, M. D., Stanford, Ky.

A full attendance is confidently expected. S. M. Letcher, Permanent Secretary; Pinckney Thompson, M. D., President, Henderson, Ky. [Official Announcement.]

IODIDE OF POTASSIUM IN INFAMED BREAST.—Samuel Welch, M. R. C. S. E., in Medical Press, says: Having been frequently disappointed with the ordinary remedies in the highly troublesome condition arising from the presence of milk in the breast after the death of the child, or in cases of still-born children, and having found that the effects of belladonna are often uncertain, and that purgatives, although certainly useful, are frequently unreliable, I determined to try the effect of iodide of potassium applied locally in the form of an ointment, and I have met with great success from its use in this manner. The system I pursue is the following: I have the breast suspended in a sling, to pre-

vent all dragging and pressure exerted on it, by means of folded napkins. I then order a free inunction of the iodide of potassium ointment three times a day, administering purgatives internally. For the first two or three days, should it be necessary, I have the milk drawn off once daily by the nurse, and find almost invariably that after a few days all troublesome symptoms pass away, and any anxiety on the score of the milk is removed.

**HEALTH IN MICHIGAN, APRIL, 1885.**—Reports to the State Board of Health, Lansing (Henry B. Baker, Secretary), by regular observers in different parts of the State, show the diseases which caused most sickness in Michigan during the month of April (four weeks ending May 2d), 1885, were rheumatism, neuralgia, bronchitis, consumption, intermittent fever, tonsillitis, influenza, pneumonia, remittent fever, erysipelas, diarrhea, nephritis, whooping-cough, scarlet fever, diphtheria, cerebritis, and measles.

For the month of April, 1885, compared with the preceding month, the reports indicate that intermittent fever increased, and that pneumonia, influenza, and tonsillitis decreased in prevalence.

Compared with the average for the month of April in the seven years, 1879-1885, measles, intermittent fever, remittent fever, pneumonia, diphtheria, and scarlet fever were less prevalent in April, 1885.

For the month of April, 1885, compared with the average of corresponding months for the seven years, 1879-1885, the temperature was slightly lower, the relative humidity was more, the absolute humidity was slightly more, and the day and the night ozone were considerably less.

Including reports by regular observers, and others, diphtheria was reported in Michigan in the month of April, 1885, at 30 places, scarlet fever, 27, measles, 17, and smallpox at 3.

**QUININE IN EXCESSIVE VOMITING OF PREGNANCY.**—Dr. Windelschmidt (*Allgemeine Medical Central Zeitung*; Medical Press and Circular) was led from observing the effect of quinine in some nervous disturbances in females to try it in the excessive vomiting of pregnancy, and gave it in doses of 5, 7½, and 15 grains for five or six days together. In cases of morning sickness it was given before the patient arose, and when it came on at other times, before the usual time of its

occurrence. It never failed. As very bad cases do not rise at all during the day, one would be inclined to suspect that Dr. W.'s cases were not serious. This may account for the signal success of the drug.

**THE ENDEMIC IN THE WYOMING VALLEY.** At the time of our going to press, May 8th (New York Medical Journal), the news from the plague-stricken town of Plymouth, Pa., is to the effect that there are fourteen hundred of the inhabitants sick with the fever that has been raging there for several weeks past. The destitution and dismay which are so apt to follow in the wake of a pestilence are also pictured vividly in the dispatches to the newspapers. As is so commonly the case, the most dismal feature of the matter is the probability that all this suffering might have been prevented by proper sanitary precautions.

**FRACTURE OF TRANSVERSE PROCESS OF THE ATLAS.**—Dr. L. C. Armstrong, in New York Medical Journal, reports a case of fracture of the transverse process of the atlas. The patient was struck a violent blow from behind, and fell to the ground insensible. At the autopsy the vertebral vein was found ruptured; there was a displacement at the atlo-axoid articulation, and a fracture of the right transverse process of the atlas. This fracture he considers rare, as only one is reported by Hamilton in his work on fractures.

At the recent meeting of the American Surgical Association the following honorary members were elected: Sir Joseph Lister, Sir James Paget, Mr. J. Eric Erichsen, London; Mr. Thomas Annandale, Edinburgh; Prof. Esmarch, Kiel; Prof. Von Langenbeck, Berlin; Prof. Czerny, Heidelberg; Prof. Von Nussbaum, Munich; Prof. Volkman, Halle; Prof. Billroth, Vienna; Prof. Verneuil, Paris; Prof. Ollier, Lyons.

**THE Medical Press and Circular** states that since the appearance of cholera at Valencia, the physicians there have made numerous experiments by inoculating adults and children with the choleraic virus. The faith of the local physicians and of persons of all classes in these experiments is so great that in one afternoon three hundred persons were inoculated. The physicians say that phenomena similar to those noticed in France last year have been observed.

**MUSCLE FROM A DOG TRANSFERRED TO A WOMAN'S ARM.**—The truth of the following, from the New York World of May 1st, is vouched for by good authority. An unusual surgical operation was recently performed in Bellevue Hospital. This is the first time that what is known as muscle-grafting has ever been done in the United States. It has been performed by Prof. Valeria, of Denmark.

Annie Finnell, twenty-three years of age, earned her living as a laundress. In July, 1884, she met with an accident by which she lost the use of her right arm. While engaged at her work she was so unfortunate as to catch her hand between the rollers of a mangle at the laundry. Her arm was drawn in between the rolls. No bones were broken but the forearm was crushed, and suffered deep laceration just below the elbow-joint. The muscles were badly torn at the elbow. This was accompanied by much loss of tissue. It required several weeks to heal the wound, and the member was crippled. She was able to move her arm only with great difficulty and practically lost the use of her fingers. Crippled as she was, she was unfitted for work, and without means to employ surgical aid applied for treatment at Bellevue Hospital.

She entered the hospital on February 17th, but there was great delay in reaching her case. Muscle-grafting was considered the only method that could be employed that would restore to her use of the arm. Finally it was arranged that the operation should be performed on April 5th. It took place in the amphitheater or the public operating-room of the hospital. Besides the full surgical corps a large number of medical students were present. One of the visiting surgeons conducted it and it lasted half an hour. A healthy dog was secured, which was to furnish the muscle that was to take the place of the wanted tissue.

The young woman was put under the influence of ether and placed upon the operating table. The full nature of the operation had not been explained to her, but she fully realized that an experiment was to be performed that might restore to her the use of her arm. Alongside the operating-table, on another table, the dog was laid. An anesthetic was also administered to it. An incision was made in Miss Finnell's arm at the seat of the injury and the flesh laid open. The ends of the contracted and paralyzed muscles were cut off to give a

raw fresh surface. It was expected that by supplying live muscle the blood-vessels would act upon the new part and that transfusion of blood would immediately follow, furnishing life to the transplanted muscle.

The surgeon by a quick stroke of his scalpel, cut open the thigh of the senseless canine. From the main muscle or the tendon of the animal he severed a strip four inches long and two wide. Almost instantly, and before contraction could set in or its living influence be deadened, the muscle was transplanted into the open arm of the laundress. After this had been done the patient's arm was sewn up and bandaged and to nature was left the rest. The dumb animal that had furnished the living flesh was bandaged up and tenderly treated. Apparently neither patient nor victim experienced any pain or suffered by the operation.

The delicate and novel performance was watched with great interest by those present. The introduction of new muscle into the arm of Miss Finnell has wrought great changes in that member. The experiment has proven very successful. A little more than three weeks has elapsed since the operation was performed, but the young woman is now able to move her arm with little difficulty. It is a trifle less limber than before she met with her accident, but the surgeons expect that the stiffness will wear off with time. She has also regained the use of her fingers, and marvels at the wonderful transformation.

#### ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from May 3, 1885, to May 9, 1885:

*Major Jos. H. Bill*, Surgeon, ordered for duty as member of Army Medical Examining Board, New York City, N. Y. *Capt. Wm. G. Spencer*, Assistant Surgeon, from Department East to Department Dakota. *Capt. Louis Brechemin*, Assistant Surgeon, from Department East to Department Platte. *Capt. Wm. B. Davis*, Assistant Surgeon, from Department Dakota to Department East. (S. O. 100, A. G. O., May 2, 1885.) *Major George M. Sternberg*, Surgeon, detailed to attend as a delegate, on the part of the Government of the United States, the Sanitary Conference to be held at Rome, Italy, on May 15, 1885. (S. O. 103, A. G. O., May 6, 1885.) *Capt. Stevens G. Cowdry*, Assistant Surgeon, assigned to duty as Post Surgeon, Fort Bliss, Texas. (S. O. 65, Department Missouri, May 2, 1885.) *First Lieutenant M. C. Wyeth*, Assistant Surgeon, ordered for temporary duty at Fort Wadsworth, N. Y. H. (S. O. 95, Department East, May 6, 1885.)

## The Louisville Medical News.

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J. MORRISON RAY, M. D., - - Assistant Editor.

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### INTESTINAL OBSTRUCTION TREATED BY WASHING OUT THE STOMACH.

Attention, it is claimed, was first drawn to this subject by Kussmaul (*Berl. k. Woch.*, No. 43, 1884), who reported four cases of ileus relieved by siphoning out the contents of the stomach and the injection of warm water. More recently the subject has been discussed before the Berlin Medical Society, and Senator adds three cases to those of Kussmaul. One of these was a case of acute occlusion of seven days' duration, with excessive vomiting and impending collapse. Medication being of no avail, a tube was introduced and the stomach irrigated with warm water. The symptoms were immediately relieved, and on the next day, after another washing out of the stomach, a normal evacuation of the bowels occurred. This procedure was subsequently repeated four times with marked relief to the patient, who, however, eventually succumbed to a permanent obstruction, which was found, post-mortem, to be due to chronic tubercular inflammation of the peritoneum.

The second case was one of carcinoma. In this irrigation gave great but, of course, only temporary relief.

The third case was one of acute obstruction. This was permanently relieved.

Dr. J. T. Whittaker, in the Cincinnati Medical News, April, 1885, gives the history of a case of obstruction in which he employed this method of treatment, and calls attention to the fact that so long ago as April, 1880, he had read before the Cincinnati Academy of Medicine the notes of a case treated in like manner. In this, although irrigation gave relief to the distressing vomiting, the issue was fatal.

Dr. Whittaker would therefore seem to be the originator of the measure, which, if he establish the claim, will be but one of many proofs of his sagacity in dealing with difficult therapeutic problems.

The good results so often obtained by this procedure are explained upon the following theory: First, that the stomach and intestines above the point of obstruction are emptied of all accumulated material, which, supplemented by evacuation from below, gives room in the abdomen for the free movement of the bowels. Second, the chief hindrance to peristaltic action being thus removed, spasm is allayed, the natural vermicular movements are restored, and the gut is placed under the best possible conditions for extricating itself from invagination or volvulus, or the pushing onward of obstructing masses.

The method of performing the irrigation is simple. A tube is introduced into the stomach and its contents withdrawn, after which warm water is injected and brought again to light. This is usually continued until the fluid coming away is clear. The procedure is repeated as often as the symptoms may call for it, a return of nausea and vomiting indicating that the stomach is again filling with intestinal accumulations. The only contra-indication to the measure would seem to be gastric ulcers, but Debove claims that by the use of a soft tube and the exercise of due care against overdistension with water, irrigation may be practiced in spite of the ulcer, and without fear of perforation.

Recent advances in abdominal surgery have made laparotomy justifiable in all cases of intestinal obstruction which, in reasonable time, give no evidence of spontaneous cure; but this operation is too hazardous to be thought of so long as simpler measures hold out a reasonable hope of success.

The above noted procedure is rational and without danger, and being applicable in all cases, and not without promise of good results, it will doubtless come into early favor with the conservative physician, who may thereby be able to save not a few desperate sufferers from the dread ordeal and doubtful issue of a capital operation.

#### DR. JOHN J. SPEED.

This well-known physician died at his home, in Louisville, on the morning of the 6th inst. Although he had been in feeble health for some months, his death was sudden and unexpected.

Dr. Speed was born in Bardstown, Ky., in 1816. He received his literary education at St. Joseph's Academy, and graduated in medicine from the Transylvania University.

He passed his period of professional probation in his native town, from which place he moved to Crawfordsville, Ind., and entered substantially upon the practice of medicine. In 1850 he came to Louisville, where for thirty-five years, as practitioner, professor, and sanitarian, he has done honor to his calling through an ever-widening sphere of influence.

Dr. Speed possessed a vigorous intellect, to which endowment he added the equipments of profound learning and broad culture. A philosophical thinker and a writer of rare talent, he made many contributions to current medical literature, and was a popular essayist before the Sanitary Councils and the State and local medical societies. His sentences were brief, direct, and vigorous; but always carefully finished and marked by peculiar grace of diction. On the rostrum or

the assembly floor, he was of dignified presence. He spoke with force and fluency, always to the point, and commanded respectful attention.

Dr. Speed was earnest, humble, and sincere in his daily walk and conversation, above all meanness, beyond all vanity; just to his professional brethren, helpful to his patients, true to his friends, devoted to his family, a physician, a Christian, and a gentleman.

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Insanity and Divorce. The Neuropathic Conditions and Treatment of Cancer, etc. By C. H. Hughes, M. D., St. Louis, Mo. Reprinted from Alienist and Neurologist, April, 1885.

Catalepsy in a Child Three Years Old. By A. Jacobi, M. D., Clinical Professor of Children in the College of Physicians and Surgeons of New York. Reprint from the American Journal of Medical Science.

Many Drugs: Few Remedies. By G. T. Welch, M. D., Keppert, N. J. Member of the Monmouth County Medical Society, etc. (Reprint, New York Medical Record.) Patterson, N. J., Guardian Printing Establishment. 1885.

The Oleates; an Investigation into their Nature and Action. By John V. Shoemaker, A. M., M. D., Lecturer on Dermatology at the Jefferson Medical College; Physician to the Philadelphia Hospital for Skin Diseases, etc. Philadelphia: F. A. Davis, Attorney, 1217 Filbert Street. 1885.

There will be issued, by the New England Publishing Co., Sandy Hook, Conn., during the month of May, a book entitled Berlin as a Medical Center, by Horatio R. Bigelow, M. D., of Washington, D. C. This book will be a complete and accurate medical guide to Berlin, giving instructions in reference to board, clinics, lectures, expenses, etc., and all information that will be necessary for the medical student abroad. The price will be \$2.00.

**Epilepsy.** By L. W. Baker, M. D., Superintendent of a Hospital for Epileptic Children, Baldwinville, Mass. Reprinted from the Journal of Nervous and Mental Diseases, Vol. XII, No. 1. January, 1885.

**The Sanitary Monitor.** A Monthly Journal devoted to Individual, Family, and Public Health. J. F. Winn, M. D., editor and proprietor, Richmond, Va. May, 1885; Vol. 1, No. 1.

This monthly will be devoted to the discussion of all matters that promote health, including hygiene in all its relations, heating, ventilating, sewerage, drainage, etc. With so worthy an object in view it will doubtless be warmly supported by those who are interested in the prevention of disease and the growth of hygienic knowledge.

**The Southern Bivouac.** B. F. Avery & Sons, publishers of "Home and Farm," have purchased the Southern Bivouac, and the June number, much enlarged, will be the first of the new series. The magazine will hereafter be under the editorial charge of General Basil W. Duke, and Richard W. Knott. As formerly, war papers will be the special feature of the magazine, but each number will have literary articles illustrating all phases of Southern life, the purpose being to make it, in every sense, a representative literary magazine.

The June number will contain a brilliant article on the Battle of Franklin, by Major D. W. Saunders, and an account of General John H. Morgan's escape from prison. Paul H. Hayne will contribute an article on "Southern War Lyrics," and Harrison Robertson a characteristic poem.

### Societies.

#### ILLINOIS STATE BOARD OF HEALTH.

At the regular quarterly meeting of the Illinois State Board of Health, held in the city of Chicago, April 16th and 17th, the Secretary, in his usual report, stated that fewer certificates entitling to practice in the State have been issued to physicians during the past quarter than during any corresponding period in the history of the Board. To graduates upon diplomas from medical colleges in good standing, one hundred and sixteen, and to two others upon examination in branches omitted by their respective colleges; also two to non-graduates upon proof of over seventeen years' practice in the

State. There were twenty-two applications for certificates rejected through failure to comply with the requirements of the Board—which is also less than the usual proportion of such cases.

**The Cholera.** In connection with efforts made to secure information from the National authorities concerning the status of cholera abroad, attention is called in the report to the cable dispatches received by the newspapers during the meeting—announcing that the French, Italian, and Portuguese governments had ordered a quarantine of detention against Spanish vessels; and the appearance of the disease at Jaen, in the province of that name, in the South of Spain, and at Santiago de Compostella, in the extreme Northwestern province of Corunna—the same dispatch saying that the panic in Spain over the spread of cholera is increasing as reports continue to arrive, showing that new points are being constantly attacked; that the government is taking energetic measures to isolate infected towns; and that a circular of warning has been sent by telegraph to the authorities of all the provinces, cautioning them against the admission of persons or goods from twelve specified towns, all of which are officially stated to be more or less infected.

Simultaneously with this latter information, the first official statement was made public by the Secretary of State, who announced, on the 18th of April, the receipt of a dispatch from the United States Consul-General, at Madrid, saying "that he is informed by the director-general of health that there is no cholera in Spain, and that the cases recently reported in the province of Valencia are not cholera." The Spanish Government has instructed its ambassadors to protest against quarantine restrictions, and a dispatch of the 19th inst., from Barcelona, also asserts that the disease is not Asiatic cholera, but cholera morbus or choleric due to local causes, the outbreak at Alcira, near Valencia, for example, being caused, it is claimed, by the failure of the regular water-supply, in consequence of which "the people have been drinking from a canal which was tainted by paper mills that use suspicious rags."

In view of these contradictory statements, and in the absence of full and authentic information from the National health authorities, sanitarians are justified in regarding, for precautionary purposes, the disease now so widely spread through the littoral provinces of Spain as true Asiatic cholera, and

in apprehending present danger of its introduction into this country through commercial intercourse with the Spanish possessions in the West Indies—Cuba, Porto Rico, etc.—and less directly with those in South America.

Attention is also called to the fact that the country is threatened with an influx, by emigration from Italy, of a people reduced to the verge of beggary and starvation by last years' cholera epidemic and its results. The low rates of passage will tempt to violation of the law against overcrowding with all the suffering and insanitary conditions which will thence result. The poverty of the people and their modes and habits of life will add to the evil; and increased burdens and responsibilities will be thrown upon the authorities of every port at which these immigrants land, as well as upon the communities in which they may settle. These considerations may make it necessary to begin the work of sanitary supervision of travel and quarantine along the State boundary lines earlier than would otherwise be necessary. Already the first installment of the Italian immigration has arrived in Chicago.

The Board adopted the following preamble and resolutions concerning these matters :

WHEREAS, Prompt, full, and trustworthy information of the existence of epidemic diseases, such as Asiatic cholera, yellow fever, and smallpox, in the foreign ports in commercial relations with this country, is a matter of the first importance to the success of efforts for preventing their introduction or limiting their spread ; and

WHEREAS, It is understood that, under the authority conferred upon the President by Sec. 1752 of the Revised Statutes of the United States, consular officers and other foreign agents of the General Government are required to furnish such information : Therefore, be it

*Resolved*, That the Secretary of this Board be, and he hereby is, instructed to respectfully request of the honorable the Secretary of State that he cause to be transmitted to the office of this Board at Springfield, so much of such information as may be useful in guiding action for the protection of the people of this commonwealth against Asiatic cholera, yellow fever, and smallpox.

On motion of Dr. Clark, it was also

*Resolved*, That the State Board of Health of the State of Illinois respectfully but earnestly requests the President of the United States to authorize the National Board of Health to use so much of the contingent epidemic fund, appropriated by the last Congress, as may be necessary for preparing and enforcing an adequate system of preventive measures against the introduction and spread of foreign pestilential diseases in co-operation with, and in aid of, State and local health organizations and with especial reference to Asiatic cholera.

*Resolved*, That the Secretary be authorized to transmit a copy of this resolution to the President.

*State Sanitary Survey.* The first distribution of the blank inspection returns and accompanying instructions, embracing an aggregate of about 270,000 houses, was completed during the last week of the quarter. This distribution began with Alexander County, and progressed northward to the tier of counties along the Wisconsin line, which was reached in ample time to prepare for work as soon as the weather would permit. Before the middle of the State was reached responses began to be received from localities in the southern counties, and by the close of the quarter one hundred and forty-three towns had been heard from. General publicity has been given to this effort by the press of the State, to secure which special circulars were addressed to the editors of seven hundred and seventy-five different publications.

A blank form for a tabular statement of these inspections has been prepared and printed, and is now ready for distribution. These will be furnished in duplicate sets, one to be returned to the office of the Board. They will show at a glance the actual sanitary condition of any given house and premises at the date of inspection : and in the event of Asiatic cholera or other epidemic infectious disease making its appearance in a locality, they can not fail to be of great practical value, not alone to the authorities of such locality, but also to the Board in indicating without loss of time the direction and manner in which its co-operation, advice, or authority may be best employed.

*Sanitary Condition of Chicago.* During the Friday morning session, Dr. O. C. DeWolf, Health Commissioner of Chicago, was present by invitation to speak upon the sanitary condition of the city, the work in progress and projected, and the preparations for cholera. From the stand point of the sanitarian, Dr. DeWolf said Chicago was a clean city, although its muddy streets made it seem dirty. Its low death-rate and the failure of smallpox to spread, notwithstanding thirty-five introductions of the contagion since last June, showed it to be clean in a sanitary sense ; and the work now in progress and projected would, he believed, make it clean in appearance as well as in fact. Referring to the house-to house inspection in the State at large, he said that the health department was also inspecting at the present time about a thousand houses

a week in the worst quarters of the city; in a short time this would be increased, so that by the middle of June he hoped to have all that really required supervision thoroughly inspected and put in good condition. Some nine thousand tenement houses, which are usually a serious sanitary evil in all large cities, are under constant supervision, and he believed them to be as unobjectionable as it was practicable to make such buildings. If cholera should come the preparations were already completed to promptly take charge of the first cases, to furnish medical attendance and nurses, to depopulate an infected house or locality, and to carry out whatever measures were necessary to prevent any spread.

The thanks of the Board were tendered Dr. DeWolf by the President for his very interesting and reassuring statement.

At the afternoon session, Mr. O. C. Guthrie, of Chicago, presented by invitation a brief outline of his plans for the sewerage and drainage of Chicago and its suburbs. Their important features embrace a study of the hydraulics of the Des Plaines River, with reference to the effect of high water upon the cleansing of the Chicago River through the canal (by counteracting the action of the pumps), upon the integrity of the canal itself, and upon the safety of Chicago and Joliet from inundation.

*Disinfection and Disinfectants.* The Secretary asked leave to submit a copy of the Preliminary Report on Disinfection and Disinfectants made by the Committee on that subject appointed by the American Public Health Association, stating that he had in accordance with a resolution of the Council addressed a letter, March 14th, to Surgeon Geo. M. Sternberg, U. S. A., Chairman of the Committee on Disinfectants, requesting "a plain, practical paper on disinfection and disinfectants for popular use and distribution." Surgeon Sternberg, under date of April 14th, writes: "At a special meeting of the Committee on Disinfectants the paper submitted was carefully considered, and adopted unanimously as expressing the views of this committee with reference to the best methods of disinfection known to us."

As this paper was intended for popular use and distribution, the Secretary suggested its publication in the printed proceedings of the Board.

Dr. Ludlam moved that the copy of the Preliminary Report be received and published as suggested. Carried. It was subsequently ordered that the Secretary pre-

pare a special edition of the paper, embracing only the practical instructions, for the use of local boards of health and health officers throughout the State.

## Correspondence.

### NEW YORK LETTER.

*Editors Louisville Medical News:*

In a previous letter I mentioned my visit to the New York Foundling Asylum, and the case of membranous croup, wherein a trachea-tube, invented by Dr. J. O'Dwyer, was being used in lieu of tracheotomy. My interest in the case caused me to make another visit to that institution a week later, when I found the child about well. Dr. O'D. will, in due time, publish a full report of his experiments with this device, which will certainly be very interesting.

Of all the public and private hospitals in this city, and they are numerous, the Foundling Asylum is to me the most interesting, devoted as it is to the care and protection of that unfortunate, and in this city numerous class known as Foundling Infants, the vast majority of whom are the offspring of illicit love. The institution is supported by the city and private donations jointly, the annual expense is, in round numbers, about three hundred thousand dollars, of which amount the city annually appropriates about four-fifths.

The work of the Foundling Asylum may be best understood by a glance at its statistics for the past year, which show that more than three thousand inmates were sheltered during this time. Of these one thousand and fifty-one (1,051) were admitted at an age rarely exceeding ten days. So broad is the scope of this noble charity that foundlings of any nationality or creed are taken in and "no questions asked."

The manner of receiving and providing for the children may be sketched as follows:

Picture to your mind the helpless babe, a day or two old, either laid reluctantly in the crib by some poor heart-broken mother, or abandoned pitilessly under cover of night on the steps, or in the yard of the Asylum. The little one on entering is first registered, receiving a name and number. The next day it is confided to a wet-nurse, who, to secure the charge, must bring a certificate of health and character from a physician.

The wet-nurses are paid a salary of ten dollars per month for taking care of the foundling, and for the time she becomes its foster-mother, being allowed to take it to her own home. She is, however, required to bring the infant to the institution for daily inspection, except in inclement weather. Time passes on, the babe has become a "run-around," and is recalled to the Asylum permanently. The foster-mothers often shed bitter tears over these hapless waifs, having learned to love the little strangers as their own children.

The little one, also, shows grief at the parting, which is soon forgotten in the society of the twenty or thirty "run-arounds," its companions in the nursery, who are as merry over their childish sports as if they were the cherished members of a happy home circle.

The little inmates of the Asylum are under the constant care of the Sisters, who take the utmost pains to exert a loving, home-like influence, and to impress upon them in their babyhood, the principles of truth and virtue. The kindergarten games and exercises form an admirable method of developing their young minds. As the child grows older he is promoted to the class-room, where a few elementary lessons are taught, until about the age of five years is reached. And this brings us to the last scene of this "eventful history." The little foundling is sent with a car-load of forty or fifty others to the West, where homes have been provided for him and his companions.

So strong does the attachment become between the Sisters and their adopted children that the parting scenes, on the occasion of the "annual shippings," are said to be almost heart-rending!

The Asylum has ample hospital facilities; the rooms are clean and airy. The largest ward being at present full of infants of ages not over one year (sixty in number), who are sick of measles. All contagious diseases, except measles, are strictly quarantined in a remote part of the building.

The rate of mortality in such an institution must, of necessity, be very great. Of the four hundred and thirty-six deaths occurring in the house last year, ninety per cent of the children were under the age of one year. A large number of the foundlings are brought in almost in a dying condition; some actually frost-bitten. The three leading causes of death during the past year are set down as follows: Marasmus, 151; gastro-enteritis, 75; pneumonia, 42.

I am under obligations to Dr. F. P. Bissell for much information and many courtesies shown me in the institution.

Since my arrival in the city I have attended several meetings at the New York Academy of Medicine. The Academy is, as is known to many of your readers, the strongest and perhaps the most talented society of medical men in this country. They own a beautiful building, which is situated in a fashionable part of the city, and is thoroughly equipped in every particular. The library contains an immense collection of books and periodicals, which are daily accumulating. The walls of the rooms are embellished with fine paintings of illustrious medical men. The latest addition to this collection is a life-size portrait of Dr. Fordyce Barker, presented to the Academy by Mr. and Mrs. Wm. Astor. Dr. Markoe delivered the presentation speech in his usual happy style.

At the last meeting in the Academy, held by the "Medical Society of the County of New York," April 27th, Dr. J. A. Irwin read a lengthy though interesting paper on the subject of "The Influence of Sea-voyaging upon the Genito-uterine Functions." The doctor had served several years as surgeon on board ship, and his views were largely based upon his own personal observations. Among other things he said that the majority of the females who go to sea have menorrhagia, while a few have the reverse, amenorrhea. Several explanations or theories were given as to the causes of the menorrhagia, such as sea-sickness, the persistent nausea and vomiting having a tendency to cause congestion of the pelvic viscera. The rocking motion of the ship, the exhilaration usually produced by sea air, the stimulating drinks and highly-seasoned food, as served at meals on shipboard, and the listless idleness of the passengers, together with more or less constant sexual excitement, coincident to the close proximity of the two sexes, were each mentioned as promoting causes of excessive menstrual flow. In support of the last mentioned theory, viz., sexual excitement, he cited the case of an old maid, who had reached the period of menopause, and was forty-six years of age, yet her generative organs were so stimulated while on a voyage across the Atlantic, that she was troubled with lascivious dreams every night. The doctor had also observed that most all forms of uterine diseases were made worse by going to sea.

The paper did not elicit as much discussion as had been anticipated, perhaps on account of the novelty of the subject. Dr. Fordyce Barker had been called away during the reading of the paper, and Dr. Emmet was unavoidably detained. Both these gentlemen had prepared for discussion on the subject, as they stated in notes sent to the President in explanation of their absence. Dr. C. C. Lee corroborated the statement made by the essayist, in the matter of the aggravation of uterine diseases in women while at sea, especially those diseases causing increased weight or flexions of the uterus, and he warned the fellows against the popular custom of recommending a sea voyage to their gynecological patients.

Dr. McLaura (a man somewhat advanced in years) said that he had served a long time as a ship-surgeon on an old sailing vessel, thirty years ago, when it required six or eight weeks to cross the Atlantic, and his observation as to the effect of the voyage upon the menstrual function had been just the reverse of that of Dr. Irwin's, viz., that most of the female passengers had amenorrhea. Dr. McL. had also observed the aphrodisiac effect of sea voyages upon the emigrant women and girls. He added further that the aphrodisiac effect was not confined to the women, but that the male passengers, and officers, too, were similarly affected. Dr. McL.'s remark brought a broad smile over the faces of this august assembly, notwithstanding there were several lady physicians present, and just as the discussion was brought to a close some wag of a doctor made the timely suggestion that Dr. McL. had probably touched upon the real cause of the *amenorrhea* as occurring among the emigrant women.

R. B. GILBERT, M. D.

NEW YORK, May 1, 1885.

### Selections.

**THE IMPORTANCE OF FLEXIONS AND DISPLACEMENTS OF THE UTERUS**—A paper by Graily Hewitt (*Lancet*, June, 7, 14, 21, 1884), is mainly a defense of the author's well-known views as to the very great importance of the uterine displacements, and a criticism of the opposing views, especially those expressed by Vedeler, of Christiania, and Herman, of London. Vedeler's conclusion is, that since the proportion of flexions and versions is nearly the same in

diseased as in healthy women, the variety or change of shape and position is virtually of no particular consequence. The author meets this by stating Vedeler's distinction between a healthy and a diseased uterus, that being considered a healthy uterus in a given case in which no subjective or objective symptoms of disease are referable to it, while in case of a diseased uterus symptoms are evident which can be traced to pelvic organs, or which point to organic changes. The absence of discoverable lesions is thought by Hewitt not to be, of necessity, an evidence of a perfectly healthy uterus, or to imply necessarily that the patient is *fanciful*, hysterical, or without any disease at all. The most important question in the consideration of this subject is concerning the "complaints" which are present in cases of uterine displacement, and their dependence upon uterine displacement. These "complaints" or symptoms, according to Hewitt's classification are: (1) Spontaneous pain; (2) pain produced by motion; (3) undue sensitiveness of the uterus to the touch; (4) leucorrhea; (5) dysmenorrhea; (6) menorrhagia; (7) amenorrhea; (8) [in married women] sterility, abortions; (9) reflex phenomena, including (a) nausea, (b) hysteria, (c) convulsions, (d) cephalgia, (e) melancholia; (10) bladder symptoms; (11) rectal symptoms; (12) dyspareunia. Vedeler evidently overlooked the fact of race and class distinction, the women upon whom his observations were made being of a very hardy race, and presumably of the working classes, with whom there is always less susceptibility to pain and annoyance than among those who live more luxuriously. Thus a broad generalization such as he (Vedeler) made loses sight of a vital factor. Vedeler's conclusion is further criticised by the observation that it does not follow that a given variety of uterine flexion or version will always be attended with the same symptoms; indeed, it is readily conceded that in some cases no symptoms are present. As regards the presence of symptoms in the condition of anteflexion, Bandl's investigations show that it is very often an abnormal condition, and might readily give rise to unfavorable symptoms which have sometimes been attributed to it. Bandl observed that in cases in which the uterus was not anteflexed, and did not rest upon the bladder when the latter was empty, no complaint like those which it is believed is traceable to uterine flexion ever existed. Vedeler's table con-

cerning the influence of flexions in producing dysmenorrhea proves little for either side; for under the heading "all cases of flexion" it is shown that dysmenorrhea was absent in sixty-four per cent of a given series of cases, while it was present in seventy-six per cent of the cases in a series half as large as the former one. In Herman's paper on the relation of dysmenorrhea to flexions of the uterus, the ground is taken that flexion alone does not produce dysmenorrhea. This statement is denied by Hewitt on the ground of personal experience, inasmuch as cases have been seen and treated by him for anteflexion, with emission of blood in clots or gushes, and severe pain, at the menstrual period; all of which symptoms have disappeared when the uterus was straightened. In some cases of anteflexion it is thought that the patients may feel better during menstruation than at other times, from the fact that the congested condition of the uterus tends, to a certain degree at least, to remedy the bending of the canal and thus permit free exit of the blood. In other cases, in which the uterine tissue is hard and unyielding, or, on the contrary, soft and flabby, it is thought that obstructive dysmenorrhea would occur. The use of the cradle and stem pessaries is still approved by the author as proper in certain cases of anteflexion. Herman's statement that acute retroflexion may exist without any symptoms is denied, though it is not asserted by the author that dysmenorrhea is necessarily present in such cases. Four propositions are enunciated by Hewitt which embody his belief with reference to the so-called mechanical system of uterine pathology, and they are as follows: (1) The uterus best performs its functions when its shape closely approximates to what has been termed the normal shape, and when it occupies its normal position in the pelvis. (2) Alterations to any material degree in the shape of the uterus are liable to give rise to complaints on the part of the patient, and may occasion severe symptoms. (3) These alterations, coupled, as they frequently are, with variations in the position of the uterus, are frequently associated with altered conditions of the tissues of the cervix or body of the uterus. (4) The symptoms of patients which present these conditions are relieved by adopting such measures as diminish the flexion and restore the uterus to its normal shape and position, and favorable tissue alterations are or may be effected by the same means.

**MEMBRANOUS, DIPHTHERITIC, AND TRUE CROUP.**—The April number of the American Journal of the Medical Sciences contains an elaborate clinical study of true croup, from the pen of Dr. J. Lewis Smith, of New York. He fully considers the etiology, anatomical characters, diagnosis, prognosis, and treatment. Whatever the cause, the anatomical characters, the clinical history, and the required treatment are so nearly identical that attempts to differentiate the disease, when produced by other agencies than diphtheria from that due to diphtheria, have proved futile and unsatisfactory in localities where diphtheria occurs, except in a few instances, as, for example, when croup has been manifestly caused by swallowing or inhaling some irritating agent.

Dr. Smith holds that inflammation of the laryngeal and tracheal surface, whatever its cause, whenever it reaches a certain grade of severity, may be attended by the exudation of fibrin and the formation of a pseudo-membrane, but such a result more frequently occurs in the inflammation caused by diphtheria than in that produced by other agencies. In diphtheria a moderate laryngo-tracheitis is attended by the pseudo-membranous formation. Dr. Smith's experience leads him to believe that not more than one in eight cases of croup has recovered by medicinal treatment which began in the first week of diphtheria, and in which the symptoms were so pronounced as to indicate more or less laryngeal stenosis. The exudation in the first week of diphtheria, or in its active period, occurs so rapidly, and in such large quantity, that no one of the medicinal agents or modes of treatment, which physicians commonly prescribe, is sufficiently prompt in its action to prevent the formation of the pseudo-membrane to an extent that soon endangers life.

Croup occurring in the second or third week of diphtheria, since it is attended by less abundant and less rapid exudation than when it occurs during the acute stage, can be more successfully treated under the persevering use of solvent inhalations, and a larger proportion than one in eight, perhaps one in three, recovers by the early and continuous use of inhalations.

Still the mortality is so large, and the suffering so great in croup, at whatever stage of diphtheria it occurs, that we can not rely on the slow action of medicines or inhalations, and surgical treatment is in most instances required to diminish the suffering, and afford the best chances for saving life.

Under the head of medicinal treatment he strongly recommends trypsin as a solvent of false membrane. Of calomel, he says: The experience of many physicians justifies the belief that mercury, and especially calomel, employed within certain limits in the commencement of a pseudo-membranous inflammation does exert some controlling action on this disease. That it did much harm formerly when physicians prescribed it as freely as we now employ potassium chlorate, to the extent in many instances of increasing the cachexia and causing mercurialism, should not deter from its judicious use. In the ordinary form of diphtheria he would not advise the use of calomel, or would limit its employment to one or two doses of six to ten grains in the commencement of the disease in robust cases. But in croup, since the danger is not from the cachexia or blood-poisoning so much as from the laryngeal stenosis, which is apt to develop rapidly, that medicine is indicated, and should be prescribed, which most strongly retards the exudative process, and aids in liquefying and removing the pseudo-membrane; provided that it produce no deleterious effect which renders its use inadmissible. Hence it is proper to prescribe calomel in larger doses and for a longer time in the treatment of croup than in other forms of membranous inflammation, if it fulfill the indication, as it seems to in a measure. In his own practice, however, calomel is not prescribed after the first or second day, since Dr. Smith prefers the use of other remedial measures, which are efficient and are less likely to produce injurious effects. The subject of surgical treatment is also fully discussed, and Dr. Smith holds that we can claim for tracheotomy judiciously performed, and at a sufficiently early stage, the cure of one in every three patients in the average.

**CARBOLIC ACID AND TYPHOID FEVER.**—Such is the title of an article in the February, 1885, number of the *Archives Générales de Médecine*, by Albert Robin; an article valuable in that it shows that the administration of carbolic acid in certain infectious diseases, particularly typhoid fever, is worse than useless, and also showing the value of a knowledge of chemistry as applied to therapeutics.

If we analyze a large number of cases of typhoid fever treated by carbolic acid, it is found, says Robin, that the antithermic effect is the only one which really justifies its use. Even then the depression of tem-

perature is only temporary, and to maintain this it is necessary to prolong the action of the drug for a long time—ten to thirty days. But even the partisans of the carbolic acid treatment report: (1) Nervous symptoms, such as ataxic phenomena, convulsions, chills, trembling, etc.; (2) pulmonary complications; (3) colics, nausea and vomiting; (4) profuse non-critical sweats, which are useless or dangerous; (5) symptoms of profound intoxication, with retarded respiration, frequent, small, compressible pulse, cyanosis of the extremities, collapse and sudden death; (6) secondary chaetec symptoms. Though it would seem that these complications should be sufficient to make one hesitate in using the acids in these cases, its strongest partisans maintain that they are due more to the disease itself than to the remedy, and that the same complications are seen in cases treated by other methods. Here the discussion has rested for some time; but Robin believes that he has now shown conclusively that carbolic acid is detrimental to the organism in typhoid fever at least.

His first proposition is that "carbolic acid used in a continuous manner, and in large doses, exerts a disorganizing action on the chemical composition of the liquids and organic tissues by destroying the elements of highest importance to the constitution." It is well known that carbolic acid is eliminated by the urine, and that its quantity is in direct relation with the amount of vegetable ingesta; that it is one of the products of the putrefaction of albuminoid matters, so that the degree of decomposition going on in the body of a person who is taking no vegetable diet may be ascertained by the amount of carbolic acid in the urine. Munk gives the daily quantity of phenol eliminated in a state of health, on an animal diet, as 0 gr. .0011; Brieger gives it as much more, 0 gr. .0150; Robin gives it, as the result of four experiments, as 0 gr. .0079. Observations in five cases of typhoid fever, the patients being fed exclusively on animal diet, showed that the mean was 0 gr. .0304; from which it is easily seen that the production and elimination of carbolic acid in typhoid fever is far above that in the state of health. Whatever carbolic acid is excreted entails a parallel elimination of sulphur and potash; thus still further impoverishing the organism, since these substances are directly removed from it. Therefore, since in typhoid fever a double amount of carbolic acid is eliminated, the same proportion of

sulphur and potash must also be lost; and as the patient can not repair his losses, a daily deficiency results, which if repeated for a long time, must be of very great disadvantage to the patient. This impoverishment is caused by a process natural to the disease, and should be included as a factor in the genesis of the troubles of nutrition so frequently observed during convalescence.

These things being true, it is necessary to know what goes on in the organism when carbolic acid is administered internally. The oxidation of the acid is less active in typhoid fever than in a state of health, though it can not be concluded from this that there is a diminished general oxidation in typhoid fever. Robin shows conclusively that the demineralization of the organism, by the removal of sulphur and potash, is one of the consequences of the typhoid state, and that it is considerably increased by the administration of carbolic acid. A calculation will show that the continuous administration of the acid will soon cause a loss of twenty-three per cent of the total quantity of potash contained in the body; and the same calculation may be made as to the loss of sulphur—two of the most important mineral ingredients. How is the system affected by the loss of two of its principal histogenetic elements, the most indispensable to life? The animal deprived of its mineral salts is soon attacked with muscular feebleness and trembling; in the lower limbs this muscular feebleness takes the characters of a true paralysis, as though the cord were deprived of its functions. The mental faculties are affected and excitability is heightened; and death supervenes with convulsive movements, respiratory troubles, and visceral stasis. It certainly seems clear that any drug which may induce such results should be strictly proscribed in typhoid fever. Not only this, but all the organic compounds which are eliminated in the same manner as carbolic acid should also be proscribed. The following is an incomplete list of such compounds, most of which have been vaunted as antiseptics or antipyretics: Creasol, paracreasol, meta-creasol, thymol, naphtol, pyrocatechine, resorcine, hydroquinone, methylhydroquinone, pyrogallol, tribromophenol, orthonitrophenol, vanilline, vanillic acid, benzol, naphthaline.—*Jour. Amer. Med. Association.*

**INJECTIONS OF ETHER AND IODOFORM IN COLD ABSCESS.**—Professor Verneuil obtains a rapid cure in almost all his cases of cold

abscess, abscess from diseased bone or from congestion, etc., by ethereal injections of iodoform of the strength of one in twenty. The abscess is first emptied by means of Potain's aspirator, and then receives from 100 to 300 grams of the iodoform solution. By not exceeding this quantity (that is, five to fifteen grams of iodoform) no fear of accidents need be felt. The liquid penetrates into all the anfractuosities and diverticula of the abscess, the ether becoming absorbed or evaporated, and the anti-septic agent being deposited uniformly on the pyogenic membrane, the action of which it modifies. This simple means, so exempt from danger and so easy of application, has proved highly successful, very large abscesses have yielded to three or four injections.—*Revue de Therapeutique; Practitioner.*

**FISTULOUS COMMUNICATIONS BETWEEN THE INTESTINES AND THE FEMALE GENITAL TRACT.**—Since the application of plastic surgery to gynecological operations, the treatment of vesico-vaginal and recto-vaginal fistulae is as well understood as are the etiology and symptomatology. The result, when contrasted with the old tedious plan of cauterization, is brilliant no less to the operator than to the unfortunate woman whose life is rendered miserable by such conditions.

Dr. H. D. Fry, of Washington, in the American Journal of the Medical Sciences for April, directs attention to less frequent forms of fistulae that communicate with the genital canal, and records a very obscure and interesting case of intestino-vaginal fistula, which terminated favorably without surgical interference.

**LARYNGEAL HEMORRHAGE.**—The name laryngeal hemorrhage is used for a variety of affections which differ widely in regard to cause, nature of the disease, and severity of the symptoms, having in common only the effusion of blood into some part of the larynx.

Dr. J. W. Gleitsmann, of New York, in the American Journal of the Medical Sciences for April, proposes to designate by the name laryngitis hemorrhagica such effusions of blood on the free surface, or under the epithelium of the mucous membrane, which are of a so-called idiopathic character, and not due to any constitutional disease or traumatic origin. He records a case of this character, and analyzes those that have been heretofore recorded. He finds that in exceptional cases only is hemorrhage from the larynx a precursor of phthisis.